Office of Labor-Management Standards Washington DC 20210

LAT RORGANIZATION OFFIC RAND EMPLOYEE REPORT

Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P L. 86-257 as amended Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only		
READ THE INSTRUCTIONS CAREFU	LY BEFORE PREPARING THIS REPORT	
E S Recd		
different		
1 File Number U 10532 Ques Ors	2. Fiscal Year Covered From	
	[[]/ j/ 64 , Through. 12/31 [/04	
3 Name and address of person filing.	4 Name file number and address of labor organization	
Name Hubert W Rice	Name IREN LV, #688	
	Labor Organization File Number 038074	
PO Box, Bldg Room No If any	P O Box, Building and Room Number if any	
Street 2185 57 R 511	Street 67 5. WAINUT ST.	
City PERRYS VILLE	City MANIFICIA	
State OH, D ZIP Code + 4 44864	State OH-6 ZIP Code + 4 44	
Sposition in labor organization TRUSTER + EXECU	tive Board Member	
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)		
A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6 Name and address of Employer (including trade name if any).	7.a Nature of Interest, Transaction or Income	
Name [
Trade Name, if any		
P O Box, Bldg Room No if any	7 b Amount.	
Street	1 D Alliquit	
Crty		
State ZIP Code + 4		
Signature		
15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions.)		
Signed HIVE V Rus	On 815-05 49 368-4047 Date Telephone Number	
<u> </u>		

Name u reisur any		
B Held an interest in or derived income or eco. Ic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any).	9 Business deals with	
Name IBEW #688 PENSON , Rubd	a, Labor Organization	
Trade Name If any	b Trust	
PO Box, Bldg Room No if any	a. Employer	
Street 67 S. WAINUT ST		
CIN MANSFIELD		
State OHIO ZIP Code + 4 4 4902		
10 If 9.b or 9 c. is checked give trust or employer's name	11 a) Nature of such dealing	
Name	A defined housed Philosophia Tourd is	
Trade Name If any	A defined benefit Phusion Plan for INDU duft of who ARE Members of The	
P O Box, Bidg Room No., if any	ZAEW #688 (LABOR ORG)	
Street	Approximate dollar value of such dealing	
City	12 at Nature of interest held or income received	
State ZIP Code + 4	REINDURGEMENT FOR A HENEUCE AT ! INTERNATIONAL FRUNCATION OF Employment	
	INTERNATIONAL FRUITATION of Employment	
	benefit Fords Confeponce	
	12 b Amount \$ 654 40	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13.a Name and address of Employer or Labor Relations Consultant —(including trade name if any).	14.a Nature of payment.	
Name		
Trade Name If any		
P O Box, Bidg Room No if any	None	
Street		
City		
State ZJP Code + 4		
13.b is the Business an Employer or Consultant ?	14.b Amount of payment.	

Matte o de soir d		
B Held an interest in or derived income or eco — ic benefit with monetary visubstantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	ctively seeking to represent or industrial or industrial or industrial or or otherwise	
8 Name and address of Business (including trade name if any) Name F. B. E. W. #688 Arwuity Fund Trade Name, if any PO Box, Bidg Room No If any Street 67 S WOWT St. City Mary Celd State Office ZIP Code +4 4490 Z	9 Business deals with a. Labor Organization b. Trust c. Employer	
10 If 9.b or 9.c. is checked give trust or employer's name Name Trade Name If any P O Box, Bidg., Room No., If any Street City State ZIP Code + 4	11 a. Nature of such dealing I.B.E. W. #688 Amounty Kind 15 A defined Contribution ford for Individuals who ARE MEMBERS OF the I.B.E. W. #688 [Abor ORG] 11.b. Approximate dollar value of such dealing 12 a. Nature of interest held or income received REIMBURSMENT FOR ATTENDENCE AT DENETIT Fonds Conferences 12.b. Amount 12.b. Amount	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13.a Name and address of Employer or Labor Relations Consultant (including trade name if any). Name	14.a Nature of payment.	
Trade Name if any PO Box, Bldg Room No if any Street City ZIP Code + 4	None	
13.b Is the Business an Employer or Consultant ?	14 b Amount of payment.	

Name u reisuii r y		
B Held an interest in or derived income or eco ic benefit with monetary visubstantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is acceptable of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	ctively seeking to represent or indirectly to or otherwise	
8 Name and address of Business (including trade name if any) Name I.B & W. #688 HGATH + NETGRE FORD Trade Name if any PO Box, Bidg Room No if any Street 67 5 WALFUT ST. City Masfald State 07.0 ZIP Code +4 44902	9 Business deals with a. Labor Organization b. Trust c. Employer	
10 If 9.b or 9.c. is checked give trust or employer's name Name Trade Name If any P.O Box, Bidg Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing # BIF W. #688 - HEATHAL + NEITARE - FUND 15_1 A HEATHA PAN FOR INDIVIDUALS WHO ARD MEMBERS of the 18EW #688 (LABOR ORG) 11.b. Approximate dollar value of such dealing 12.a. Nature of interest held or income received BRIMBURSMENT FOR A HENDENCE AT INTERNATIONAL FOUNDATION of Employment benefit Funds Conference.	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name if any). Name	14.a Nature of payment.	
Trade Name If any		
P O Box, Bldg Room No if any Street City State ZIP Code + 4	Monse	
13.b Is the Business an Employer i or Consul ant 7	14 b Amount of payment.	